

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ AT

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>	
Applicant's or agent's file reference Bisph_101	
International application No. PCT/IN 04/00238	International filing date (day/month/year) 10 AUGUST 2004 (10.08.2004)
(Earliest) Priority date (day/month/year) 21 AUGUST 2003 (21.08.2003)	
Title of invention A PROCESS FOR PREPARATION OF BISPHOSPHONIC ACID COMPOUNDS	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) SUN PHARMACEUTICAL INDUSTRIES LIMITED ACME PLAZA, ANDHERI KURLA ROAD, ANDHERI (EAST) MUMBAI- 400 059 INDIA	Telephone No. 91 22 28230102 Facsimile No. 91 22 28212010 Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) PATEL, Vijaykumar Muljibhai SUN PHARMA ADVANCED RESEARCH CENTRE AKOTA ROAD, AKOTA BARODA, INDIA 390020	
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CHITTURI, Trinadha Rao SUN PHARMA ADVANCED RESEARCH CENTRE AKOTA ROAD, AKOTA BARODA, INDIA 390020	
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Form PCT/IPEA/401 (first sheet) (March 2001; reprint July 2002)

See Notes to the demand form

BEST AVAILABLE COPY

## Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

THENNATI, Rajamannar  
SUN PHARMA ADVANCED RESEARCH CENTRE  
AKOTA ROAD, AKOTA  
BARODA, INDIA  
390020

State (that is, country) of nationality:  
IN

State (that is, country) of residence:  
IN

Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:



Further applicants are indicated on another continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☐ agent ☐ common representativeand ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier..Name and address: (Family name followed by given name; for a legal entity, full official designation.  
The address must include postal code and name of country.)SHRIVASTAVA, Ratnesh  
SUN PHARMACEUTICAL INDUSTRIES LIMITED  
ACME PLAZA, ANDHERI KURLA ROAD,  
ANDHERI (EAST), MUMBAI 400 059  
INDIA

Telephone No.

91 22 28230102

Facsimile No.

91 22 28212010

Teleprinter No.

Agent's registration No. with the Office

☒ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed  
☐ as amended under Article 34the claims ☒ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☐ as amended under Article 34the drawings ☐ as originally filed  
☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

## Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |       |        |
|--|---|-------|--------|
| 1. translation of international application                              | : | _____ | sheets |
| 2. amendments under Article 34   | : | _____ | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | _____ | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  | : | _____ | sheets |
| 5. letter  | : | 1     | sheets |
| 6. other (specify)   | : | _____ | sheets |

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Examining Authority use only

received	not received
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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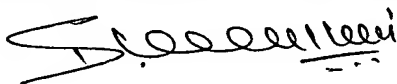
The demand is also accompanied by the item(s) marked below:

- |  |  |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                             | 5. <input type="checkbox"/> statement explaining lack of signature     |
| 2. <input type="checkbox"/> original separate power of attorney                          | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney                           | 7. <input type="checkbox"/> other (specify): _____                     |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: |  |

## Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

SHANGHVI, Dilip Shantilal  
CHAIRMAN AND MANAGING DIRECTOR  
SUN PHARMACEUTICAL INDUSTRIES LIMITED



For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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## PCT

## FEE CALCULATION SHEET

## Annex to the Demand

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">International application No.</td> <td>PCT/IN 04/00238</td> </tr> <tr> <td>Applicant's or agent's file reference</td> <td>Bisph_101</td> </tr> </table>	International application No.	PCT/IN 04/00238	Applicant's or agent's file reference	Bisph_101	<div style="border: 1px solid black; padding: 5px;"> For International Preliminary Examining Authority use only </div> <div style="border: 1px solid black; padding: 5px; height: 100px;"> Date stamp of the IPEA </div>		
International application No.	PCT/IN 04/00238						
Applicant's or agent's file reference	Bisph_101						
Applicant <b>SUN PHARMACEUTICAL INDUSTRIES LIMITED</b>							
<b>CALCULATION OF PRESCRIBED FEES</b>  <table style="width: 100%;"> <tr> <td style="width: 50%;">1. Preliminary examination fee .....</td> <td style="width: 50%; text-align: right;">EURO 159 <span style="border: 1px solid black; padding: 0 5px;">P</span></td> </tr> <tr> <td>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) .....</td> <td style="text-align: right;">EURO 129 <span style="border: 1px solid black; padding: 0 5px;">H</span></td> </tr> <tr> <td>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; width: 100%;">EURO 288</div> <div style="border: 1px solid black; padding: 5px; width: 100%;">TOTAL</div> </td> </tr> </table>		1. Preliminary examination fee .....	EURO 159 <span style="border: 1px solid black; padding: 0 5px;">P</span>	2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	EURO 129 <span style="border: 1px solid black; padding: 0 5px;">H</span>	3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	<div style="border: 1px solid black; padding: 5px; width: 100%;">EURO 288</div> <div style="border: 1px solid black; padding: 5px; width: 100%;">TOTAL</div>
1. Preliminary examination fee .....	EURO 159 <span style="border: 1px solid black; padding: 0 5px;">P</span>						
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<b>MODE OF PAYMENT</b>  <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)  <input type="checkbox"/> cheque  <input type="checkbox"/> postal money order  <input checked="" type="checkbox"/> bank draft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash  <input type="checkbox"/> revenue stamps  <input type="checkbox"/> coupons  <input type="checkbox"/> other (specify): </td> </tr> </table>		<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (specify):				
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<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i>  <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Authorization to charge the total fees indicated above.   <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. </td> <td style="width: 50%; vertical-align: top;"> IPEA/ _____  Deposit Account No.: _____  Date: _____  Name: _____  Signature: _____ </td> </tr> </table>		<input type="checkbox"/> Authorization to charge the total fees indicated above.  <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____				
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**Box No. VI CHECK LIST**

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- |  |   |       |        |
|--|---|-------|--------|
| 1. translation of international application                              | : | _____ | sheets |
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| 5. letter  | : | 1     | sheets |
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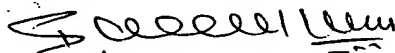
The demand is also accompanied by the item(s) marked below:

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                                | 5. <input type="checkbox"/> statement explaining lack of signature     |
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| 3. <input type="checkbox"/> original general power of attorney                              | 7. <input type="checkbox"/> other (specify):                           |
| 4. <input type="checkbox"/> copy of general power of attorney;<br>reference number, if any: |  |

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SHANGHVI, Dilip Shantilal  
CHAIRMAN AND MANAGING DIRECTOR  
SUN PHARMACEUTICAL INDUSTRIES LIMITED


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1. Date of actual receipt of DEMAND:

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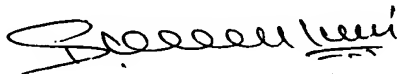
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